You were selected for a review process called verification. Information on this form will be used to verify the accuracy of the information reported on the FAFSA. Please complete the entire worksheet in blue or black ink. Incomplete worksheets will not be accepted.

Student Name: ___________________________________________  ID#: ___________________________________________

PARENT FAMILY SIZE VERIFICATION

List members in your parent(s)' family:

- Yourself
- Your parent(s) (including stepparent, if applicable)
- Your parent(s)' other dependent children, if your parent(s) will provide more than half of their support between July 1, 2024, and June 30, 2025.

- Other individuals may be included in your parent(s)' family if:
  - They live with your parent(s) NOW and your parent(s) provide more than half of their support
  - And they WILL CONTINUE to live with your parent(s), and your parent(s) will continue to provide more than half of their support, between July 1, 2024, through June 30, 2025

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
</tr>
</tbody>
</table>

CERTIFICATION STATEMENT

By signing and dating below you certify that all the information reported on this form is complete and correct.

Student Signature ___________________________________________ Date

Parent Signature ___________________________________________ Date